}	TE / OFFICEHOLDER ON FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instructio	n Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MRS/MRS/Shawe	MI	OFFICE USE ONLY
	NICKNAME LAST SC.077	SUFFIX	OCT 2 5 2010
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; 30/ Se cond st	STATE; ZIP CODE	City of San Marco
Change of Address	SAN MARCOS TX	78666	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Receipt # Amount
PHONE	(512)619-3911		Date Processed
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Share NICKNAME LAST	MI	Date Imaged
	SCOTT	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 301 S-C ON & ST	CITY: STATE;	ZIP CODE
CAMPAIGN	SAW MANCOS TXC AREA CODE PHONE NUMBER	SGG 6 EXTENSION	
TREASURER PHONE	(512) 619-3911	EXTENSION	
REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)
0 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year // O
1 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
·	11/02/2010 Primary	Runoff	General Special
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
NOTICE OF DIRECT CAMPAIGN	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITUR CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION	ES MADE BY OTHERS WITHOUT THE	
EXPENDITURE BY OTHER INDIVIDUALS	Name		
-	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
additional pages			
	GO TO PAG	E 2	

Signature of officer administering oath

SUFFOR	& TOTAL	CEHOLDER REPORT: _S	FORM COLOR COVER SHEET PG 2
15 C/OH NAME	Sh Ante	SCOTT	ACCOUNT # (Ethics Commission Filer
17 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIL TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
OCMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
8 CONTRIBUTION TOTALS	1. TOTAL F	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 150
,		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1901.70
EXPENDITURE TOTALS	3. TOTALP	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	D \$
	4. TOTAL F	POLITICAL EXPENDITURES	\$ 4558,25
CONTRIBUTION BALANCE		DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY RTING PERIOD	\$ 807.25
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE / OF THE REPORTING PERIOD	\$ 3382,37
#1 5. 2/1	SHELLEY GOODWIN COMMISSION EXPIRES October 26, 2013	I swear, or affirm, under penalty of per is true and correct and includes all informe-under-Title 15, Election Code. Signeture of Candida	ormation required to be reported by
		Signature of Candida	te of Officeholdet

F .	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS) (512) 463	-5800 1-800-325-850
Th	e instruction Guide explains how to complete th	is form.	1 Total pages Sci	
2 FILER NAMI	Shawe Scott	######################################	3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC(ID#: 14 BA Home PAC 6 Contributor address; City; State; Zip Code 8140 EXChAVAE DA		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	AUSTIN TY 78754 Ipation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
		10 Employer (See		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-14-10	Contributor address; City; State; Zip Code	•	500	
Principal occu	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_ SUSAN NANUA: 2 Contributor address; City; State; Zip Code 102 WONGE WOLD N SUITE		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-8-10		301	500,00	
Principal occup	SAM MALCOS TX 78666 pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date ·	Full name of contributor out-of-state PAC (ID#_ DIKE W HANDIN Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-12-10	16900 CLYSTAL CAVES Rd ACXTIN 7× 78737-		20.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In		Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#:_PEGY M. (ANLAS QUILLO Contributor address; City; State; Zip Code 1367 PATTER SON R.		Amount of contribution (\$)	In-kind contribution description (if applicable)
10-12-10	1367 PATTERSON Rd AUSTIN TX78)33		(If travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See In		Toxas, complete concedite 1)
if co	ATTACH ADDITIONAL COPIES Of ontributor is out-of-state PAC, please see instru			equirements.

Revised 04/21/2010

1	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	ANS		SCHEDULE A
Th	e Instruction Guide explains how to complete t	his form.	1 Total pages Sci	
			20F7	·
2 FILER NAME	Shave Scott		3 ACCOUNT # (E	Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	·	7 Amount of	8 In-kind contribution
	Judd T. Willman.	^(contribution (\$)	description (if applicable)
				1
10-12-10	6 Contributor address; City; State; Zip Coo 7304 VIA LOKKETO DK		00	İ
10			50,00	1
	AUSTIN TX 78749		(If travel outside	of Texas, complete Schedule T)
9 Principal occu	ipation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor		Amount of	In-kind contribution
	BILL TAVLOX		contribution (\$)	description (if applicable)
. 21-10	Contributor address; City; State; Zip Cod	e		
10-21-10	Po Dox 2229		100	
	8 0 1 00 0 1		700	
	SAN MARCOS TX 7866			of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	Sharm MAXIOCK		contribution (\$)	description (if applicable)
10-8-16	Shawn MaxCock Contributor address; City; State; Zip Code 1900 AQUAKENA SPLINGS		40100	TV SPOT
	SANMANCOS TX 78666	6	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See i		r rexus, complete achequie 1)
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
				
			(If travel outside of	f Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See I		
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		İ	
			1	
		·		
Principal securi	ation Job title (See Instructions)	Employer (Car I		Texas, complete Schedule T)
-тистрат оссира		Employer (See Ir	istructions)	
	<u> </u>			\
	ATT. 011 1 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1			
15	ATTACH ADDITIONAL COPIES C			
IT CO	entributor is out-of-state PAC, please see instr	uction guide foraddi	tional reporting re	equirements.

PLED	GED CONTRIBUTIONS			SCHEDULE E
Ti	ne Instruction Guide explains how to complete	this form.	1 Total pages Sch	nedule B:
FILER NAM	Sharle Scott		3 ACCOUNT # (E	thics Commission Filers)
. TO	TAL OF UNITEMIZED PLEDGES:	\$ \$\phi\$ \$\phi\$	\$ \$	\$
Date	6 Full name of pledgor out-of-state PAC (ID#	:)	8 Amount of pledge (\$)	9 In-kind description (if applicable)
	7 Pledgor address; City; State; Zip Co	ode		/
Principal occ	upation / Job title (See Instructions)	11 Employer (See I		of Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Co			
Principal occi	upation / Job title (See Instructions)	Employer (See Ir		of Texas, complete Schedule T)
		1		
Date	Full name of pledgor out-of-state PAC (ID#:_		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Coo	de		
Principal occu	pation / Job title (See Instructions)	Employer (See in		f Texas, complete Schedule T)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor/address; City; State; Zip Cod	de	. [
				Texas, complete Schedule T)
rincipal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code	e		
			(If travel outside of	Texas, complete Schedule T)
rincipal occup	eation / Job title (See Instructions)	Employer (See Ins	tructions)	

LOANS			SCHEDULE E
Τį	ne instruction Guide explains how to con	mplete this form.	1 Total pages Schedule E:
2 FILER NAME	Shave Scott		3 ACCOUNT # (Ethics Commission File
4 TOT	AL OF UNITEMIZED LOANS:	B B B B B B	\$ Z900° 5
5 Date of loan O - O - / O 6 Is lender a financial Institution? Y N	7 Name of lender Shawe Scorr 8 Lender address; City; State; 301 Second S SANMANCOS TX tion / Job title (See Instructions)	Zip Code	9 Loan Amount (\$) 4 8 2 · 3 7 10 Interest rate 11 Maturity date
n	Ness Awner	1	
5 GUARANTOR INFORMATION not applicable 9 Principal Occupat	16 Name of guarantor 17 Guarantor address; City; ion (See Instructions)	State; Zip Code 20 Employer (See Instructions)	18 Amount Guaranteed (\$)
Date of loan	Name of lender	Out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	·
Description of Colla	teral		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupatio	n (See Instructions)	Employer (See Instructions)	
lf lends	ATTACH ADDITIONAL COPIE er is out-of-state PAC, please see instru	S OF THIS SCHEDULE AS NEEDE uction guide for additional reporti	

POLITICAL EXPENDITURES

SCHEDULE F

				····	
	EXPENDITURE	CATEGORIES	FOR BOX 8(a))	
Advertising Expense Accounting/Banking Consulting Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense	Salaries/Wages/C Solicitation/Fundr Travel In District	Contract Labor raising Expense	Loan Repaymer Transportation E Contributions/Do	nt/Reimbursement Equipment & Related Expense Onations Made By
Event Expense Fees	Polling Expense Printing Expense	Travel Out Of Dis			fficeholder/Political Committee
1 003	The Instruction Guide	Office Overhead/ explains how to			category not listed above)
1 Total pages Schedule F:	2 FILER NAME				NT # (Ethics Commission Filers)
20f2 4 Date	Shave Sco			To Modes	WT # (Ethics Colliniasion Fliers)
4 Date	5 Payee name				
10-13-10 6 Amount (\$)	SM POST & FAILE 7 Payee address; City; Star	e			
6 Amount (\$)	7 Payee address; City; Star	te; Zip Code			
196.00	SAN MAUCO: T	×			
8 PURPOSE OF	SAM MALCOIT (a) Category (See categories listed at the top of	of this schedule)	(b) Description	(If travel outside of Te	exas, complete Schedule T)
EXPENDITURE	Adventising.		STAMA	οŜ	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name		STAM / Office sough	t	Office held
Date	Payee name				
16-13-10 Amount (\$)	SM Post of State Payee address: City; State	"cel			
Amount (\$)	Payee address; City; Stat	e; Zip Code			
1:0 ::					
43.40	SANMARCOS 7				
PURPOSE OF	Category (See categories listed at the top of	f this schedule)	Description (If travel outside of Te	xas, complete Schedule T)
EXPENDITURE	Ad Wan T/Sixkn Candidate / Officeholder name	:	(TAn	2.0	
Complete <u>ONLY</u> if direct expenditure to benefit C/O			Office sought	<i>f</i>	Office held
Date	Payee name				
10-13-/6 Amount (\$)	SAN MAN COS DA Payee address; City: State	ity hec	ional		
Amount (\$)	Payee address; City; State	; Zip Code			
	19/0 14 35 SOUT	H			
325,00	CAN MALLES TO	-78///			
PURPOSE	Category (See categories listed at the top of	this schedule)	Description (I	f travel outside of Tex	as, complete Schedule T)
OF EXPENDITURE	0.140				
	Candidate / Officeholder name		News P	Apan Ad	<u></u>
Complete ONLY if direct expenditure to benefit C/OF			Office sought		Office held
Date	Payee name	^			
10-1-10	SAN MALLOS PA Payee address; City; State;	aly be	cond		
Amount (\$)					
10/100	1910 1H 35 JOC	ノナイ			j
' '55	SAM MANCOS 7 Category (See categories listed at the top of the	× 5866	6		
PURPOSE	Category (See categories listed at the top of the	his schedule)	Description (If	travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE	Adventising		Web an	/	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COP	IES OF THIS SO	CHEDULE AS NE	EDED	

POLITICAL EXPENDITURES

SCHEDULE F

		SONE DOLL 1
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wag Legal Services Solicitation/Fu Food/Beverage Expense Travel In Dist Polling Expense Travel Out Of Printing Expense Office Overhe	es/Contract Labor undraising Expense trict f District cad/Rental Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F:	5 Payee name	3 ACCOUNT # (Ethics Commission File)
/0-/4-/0 6 Amount (\$)	7 Payee address; City; State; Zip Code	
/(S . 50	S AW MAN COS	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Ad Ventosina	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Stamps Office sought Office held
Date	Payee name	
10-5-10	Exxon mobbe	
Amount (\$)	Payee address; City; State; Zip Code	
70°16	Aqueanor SPRINGS	
	Category (See categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE	THAVE (IN disputed)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-12-10	Adole SILTER	
Amount (\$)	Payee address; City; State; Zip Code 345 PAKK AV	
323,68	SAW Jose, CA 95110 Category (See categories listed at the top of this schedule)	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Adventising E.	wes Hosting Applications
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

MADE FR	OM PERSONAL FUNDS	SCHEDULE G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of Di Printing Expense Office Overhead The Instruction Guide explains how to	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidale/Officeholder/Political Committee /Rental Expense OTHER (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Shane Scott	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
Reimbursement from political contributions intended PURPOSE	7 Payee address; City; State; Zip Code . (a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		
Date	Payee name	
Amount (\$) . Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
*Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) Reimbursement from political contributions	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a	3)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/V Legal Services Solicitatio Food/Beverage Expense Travel In Polling Expense Travel Ou Printing Expense Office Over	Vages/Contract Labor n/Fundraising Expense District t Of District erhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Exp Contributions/Donations Made By Candidate/Officeholder/Political Com OTHER (enter a category not listed abo
	The Instruction Guide explains	how to complete this fo	
1 Total pages Schedule H:	2 FILER NAME Share Scott		3 ACCOUNT # (Ethics Commission
1 Date	5 Business name		
6 Amount (\$)	7 Business address; City; State; Zip C	ode	
PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedul	(b) Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	ht Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	ode /	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedul	e) Description	(If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough	ot Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Co	de	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sough	t Office held
Date	Business name		
Amount (\$)	Business address; City; State; Zip Coo	le	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule	Description (If travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIE Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Func Food/Beverage Expense Travel In Distric Polling Expense Travel Out of D Printing Expense Office Overhead The Instruction Guide explains how t	Contract Labor fraising Expense t istrict l/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 Total pages Schedule I:	2 FILER NAME Shawle Scott		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description	(See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City: State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

CREDI	TS (optional)	S	CHEDULE K
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
FILER NAME	Shawe Scott	3 ACCOUNT # (Ethics Co	mmission Filers)
Date	5 Payor name 6 Payor address; City; State; Zip Code	8	Amount (\$)
	7 Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code		(4)
	Reason for credit		
Date	Payor name		Amount (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		. *
ate	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A	SNEEDED	***************************************

Texas Ethics Commission P.	O. Box 12070	Austin, Texa	s 78711-2070	(512) 463-5800	1-800-325-8506
IN-KIND CONTRIBUTED FOR TRAVEL OUTS			. EXPEND	ITURE	SCHEDULE T
The Instruction Guide	explains how to o	omplete this for	m.	1 Total pages Schedule T	7:
2 FILER NAME	e Scot			3 ACCOUNT # (Ethics Co	ommission Filers)
4 Name of Contributor / Corporation of			e		
5 Contribution / Expenditure reported	on:				
Schedule A	Schedule B	Schedule C	Schedule	D Schedule F	Schedule G
Schedule H	Schedule N	Сон-ис	СОН-Т	PAC-C	PAC-E
6 Dates of travel 7 Name of	person(s) traveling				
8 Departure	8 Departure city or name of departure location				
9 Destination	n city or name of de	stination location			
10 Means of transportation					
Name of Contributor / Corporation or I	_abor Organization	['] Pledgor / Payee			
Contribution / Expenditure reported on	•				
Schedule A	Schedule B	Schedule C	Schedule I	Schedule F	Schedule G
Schedule H	Schedule N	СОН-ИС	🛮 сон-т	PAC-C	PAC-E
Dates of travel Name of per	son(s) traveling			-	
Departure cit	y or name of depart	ure location			
Destination c	ity or name of destir	nation location			
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or L	abor Organization /	Pledgor / Payee			
Contribution / Expenditure reported on:	/				
Schedule A	Schedule B	Schedule C	Schedule D	Schedule F	Schedule G
Schedule H	Schedule N	сон-ис	Сон-т	PAC-C	PAC-E
Dates of travel Name of pers	on(s) traveling			W. C.	
Departure city	or name of departu	re location			
Destination cit	y or name of destina	ation location			
Means of transportation F	Purpose of travel (in	cluding name of co	onference, semin	ar, or other event)	
ATTA	CH ADDITIONAL	COPIES OF THI	S SCHEDULE A	S NEEDED	